Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12-08-10</u>	Address:	8220 W CR 800 N
Case #:	14140504		Rossville, <u>IN</u>
County:	Clinton		46 <u>036</u>
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only)		Seizure Location (c	theck all that apply) Hotel/Motel Open – No Structure
Dumpsi	-	∑ Vehicle	Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Child under age 18 discovered (check one) Yes (number present) No *If yes, lax report to Child Protective Services This report is to be faxed to the following ager		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:Suspicious Person ncies that serve the location:	
Fire Depart	tment: Rossville VID	Fax: <u>765-</u> 6	
Health Department: Clinton County		Fax: <u>765-659-638</u> 5, Fax: <u>NA</u>	
Child Prote	ection Service: <u>NA</u>	, . <u></u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: B. Russell Phone 765-567-2125 ** This form is to be faxed to the Fire Department. Health Department and/or Child Protective Services Department			

*** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

listed within 24 hours of scene processing.